BOOK REVIEW

IRVING J. LEWIS AND CECIL G. SHEPS, *The Sick Citadel: The American Academic Medical Center and The Public Interest.* Cambridge, Massachusetts, Oelgeschlager, Gunn and Hain, 1983. pp. xxiii. 263.

ONE often hears discussion of what the academic medical center must do to retain its moral value if not its life. Most lists are similar, citing the need to educate more compassionate primary practitioners, lower the cost of the centers' health services, pay more attention to disease prevention and less to technological means of cure, unify the centers' vision, and strengthen their management and leadership. Lewis' and Sheps' *The Sick Citadel,* while it repeats this litany, is unique in arguing that the centers should step away from scientific research and swing their focus instead to the public-health problems of their surrounding communities. In light of the authors' backgrounds, this approach is not surprising.

In advancing their thesis, Sheps and Lewis provide a thoughtful history of American medical education, tracking development of the teaching hospital and of the academic health center itself. Although some of their statements along the way are questionable—for example, is it true in 1984 that American medical schools are overproducing academic physicians and underproducing specialists in primary care?—they do discuss in various contexts most of the centers' current problems and suggest systemic approaches to some of them.

The ultimate worth of the book will stand or fall on its central argument. To assess it involves an understanding of the academic health center's position as one player—albeit a large and powerful one—among many in today's health-care arena. What differentiates the academic institution from the others—from the voluntary hospitals and clinics, the new for-profit dispensers of care, the governmental health agencies and their offshoots and noninstitutional practitioners, solo and in groups? How can the academic center complement the system rather than compete with its parts to insure its continued social value and survival?

No one would question that one proper role for the academic center is education. Lewis and Sheps suggest no change here, nor is any called for unless it be greater attention to continuing education as an institutional mission. Another proper role, most will assume, is leadership in research and development. This has always gone hand-in-glove with teaching, both requiring the dedication of society's most thoughtful and disciplined

minds. The university has been more able traditionally to attract investigator-scholars than have community-based institutions except, in health care, for a few great pharmaceutical firms.

It is difficult to abandon the view that these two functions—teaching and research—define the unique capacity of the academic center, and that service which can be provided as well by others is important to these centers only as a complement to research and teaching. This view would seem sounder than ever today, as providers of health services compete for clientele as never before. It is difficult to support an assertion that the academic center should focus on activity which simpler organizations, without the unique responsibilities of the academic center, can pursue as well or better.

But, because even private academic centers receive substantial public support, one type of service *is* central to their mission: service necessary to the public good that others either cannot or will not provide. To this degree, Lewis and Sheps are entirely correct in urging the universities to pay closer attention to the public-health needs of their surrounding regions. The authors presume that the centers will be loathe to take such work seriously, but, as their chapters on history dramatize, academic medicine has always developed in the direction of public funding, which itself follows the perception of public need. It should not surprise the authors if academic centers enter public service enthusiastically as means of financial support develop.

As with service, so with research. In what amounts less to a call for retreat from research than a caution against a too-narrow, pure-science focus, the authors beseech the medical schools to add the telescope to the microscope, as it were, to view the world around them as broadly as possible, recognize the many non-"hard"-scientific factors which influence the public health, and give leadership to public health advancement no matter how unfamiliar the investigatory terrain. In fact, the centers are as likely to follow this direction in research as they are in service if funding veers in this direction. Our challenge as a nation is to avoid such rigid channeling of research support as to stifle investigative energy while still encouraging exploration on behalf of current social goals.

The volume's major virtue is its stimulation of thinking on why academic health centers are worth preserving and what will happen if they change ground. To explore one option broached, what if biomedical research were no longer centered at the university but were to follow the European model and flow instead to autonomous institutes? This not only ap-

parently works well for the nations cited; it seems to work well for American dentistry, which concentrates research at the National Institutes of Health and only a few of the schools. Should medical school become more like dental school, educating largely for primary-care practice, with only a small group of students exposed to investigation and scholarship and faculty concerned more exclusively with hands-on teaching and patient care? Or would the opposite be better? In an age of health promotion and disease prevention, in which individuals can and do get fundamental health advice from the popular media, and in which allied health personnel are trained to render primary care, should expensive medical education be reserved for those who will concentrate on more complex service? If so, the academic health center must adjust its philosophy, character, and product in the opposite direction.

Without fully traversing these avenues, Sheps and Lewis take a stand firmly in favor of a less technological, more front-line service role for both the academic health center and its physician products. The authors imply that such direction is the centers' moral duty because it will help to fill gaps in access to health care which remain despite an abundance of providers.

There is no question that the work they emphasize needs doing, and that academia must play a role. It is a question of priority. Who will do the university's work if the university sees itself *first* as a service provider and only secondarily as pathfinder in biomedical knowledge? How will biomedicine advance if faculty members concentrate on provision of care? What of the bitter, counterproductive conflict which erupts when academe and its alumni compete for the same business? Will the unique opportunities of the academic center be lost and its unique responsibilities ignored if it tries to do what others can do as well?

These questions are neither moot nor academic, even today. To everyone's surprise, the Institute of Medicine reports that the glut of biomedical researchers foreseen 10 years ago has not developed—that, to the contrary, a troubling dearth of such investigators is at hand, particularly of physician investigators, but apparently involving all postdoctoral researchers. Medical faculty members *are* turning more and more of their attention to clinical service, as Lewis and Sheps would have them do. But what is to differentiate the university from the rest of the health care world, and what is to differentiate an academic career from other types of medical practice if the trend is given further fuel?

It is certainly true that to save itself each academic center must define

anew its business and then, under unified vision, so direct its energies. *The Sick Citadel* is useful as a rallying cry toward this end, a strong caution against undue conservatism in a time of change, an accurate pointer to the need for unified leadership stronger than the academic tradition. Each center needs to decide whether to redirect its efforts or retain its traditions. But tough reconsideration must first occur under a vision of where the academic center stands in its health-care world. *The Sick Citadel* sets the path for such reconsideration; others must tread it.

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